

Name
in
Full

Annie Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at leaf Town Colvert County MARYLAND

Date of death 1909 Nov Month 30 Day Age 78 Years Months Days

Sex Female Color or Race Black Birth-place Cal. Cal.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband James Bell

Father's Name Not Known Father's Birthplace Not Known

Mother's Maiden Name " Mother's Birthplace "

Name of person giving Information Joe Hurley How related to deceased None

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary Bronchial Asthma How long 10 yrs

Immediate Heart Failure How long Suddenly

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. W. Litch

Address Huntingtown

Accident or Suicide



Name in Full		Estlin Alexine Bishop				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Sollers		Calvert		MARYLAND		
		Date of death		1909	Month	Nov	Day	8
		Age		Years		Months		
		Sex		Female		Color or Race		
		Colored		Birthplace		Calvert Co md		
Occupation				Where Residing if not at place of death				
Married, Single or Widowed		Single		Name of Wife or Husband				
Father's Name		John Bishop				Father's Birthplace		
Mother's Maiden Name		Matilda Burke				Mother's Birthplace		
Name of person giving information		John Bishop				How related to deceased		
						Father		
		CAUSES OF DEATH				177		
PHYSICIAN OR CORONER		Primary		Dropsy		How long		
		Immediate				From birth		
		Are the name, age, sex, color, date and place correctly given above?		yes		How long		
		Signature of Physician		E. F. Chambers		Address		
				Sub-Registrar		B. J. H.		
				Lancaster		Calvert Co md		
Accident or Suicide?								



Martha Chone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>N.W. 16</i>		Town <i>1909</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>St. James</i>		Day <i>19</i>		Years <i>19</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Calvert</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>					
Father's Name <i>Mr. Chase</i>				Father's Birthplace <i>Colored</i>			
Mother's Maiden Name <i>Emily Savor</i>				Mother's Birthplace <i>Colored</i>			
Name of person giving Information <i>Rock Haller</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

27

PHYSICIAN
R CORONER

Primary *Supposed to be Intake on line* How long *4 one year*

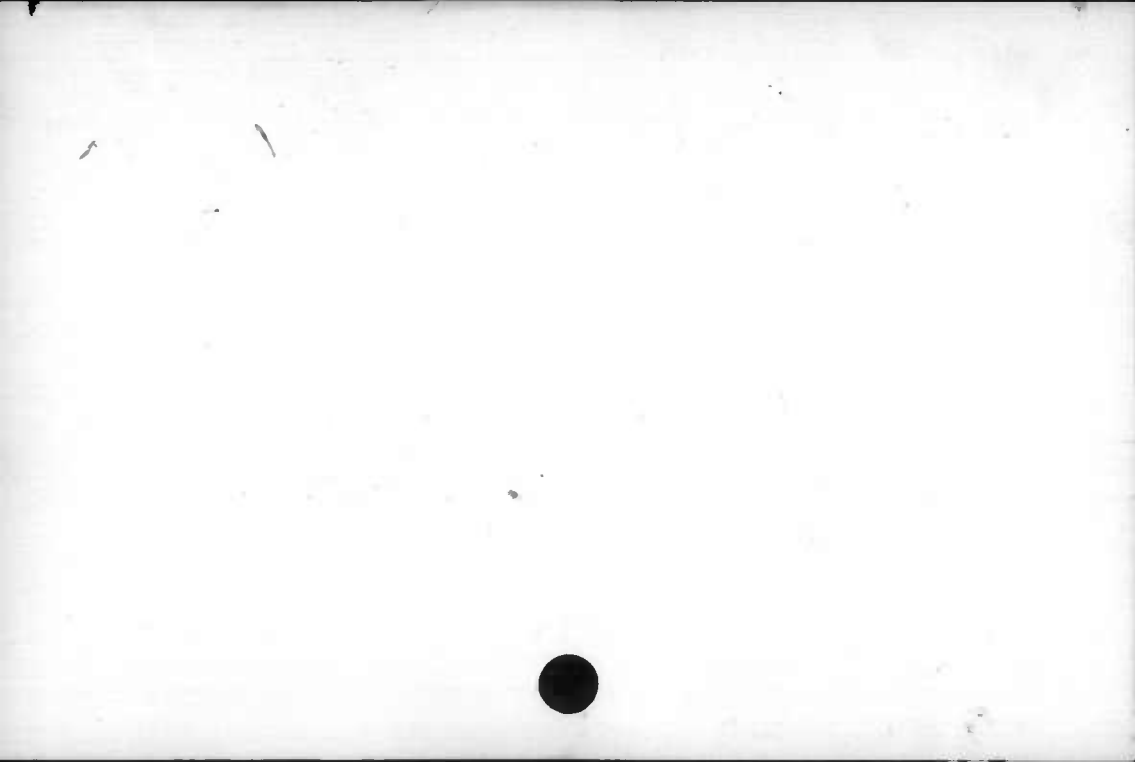
Immediate

Are the name, age, sex, color, date and place correctly given above?
Yes.

Signature of *R. B. S. in blood*
multiple

Address *multiple*

Accident or Suicidal



Name
in
Full

Richard J. Busic

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

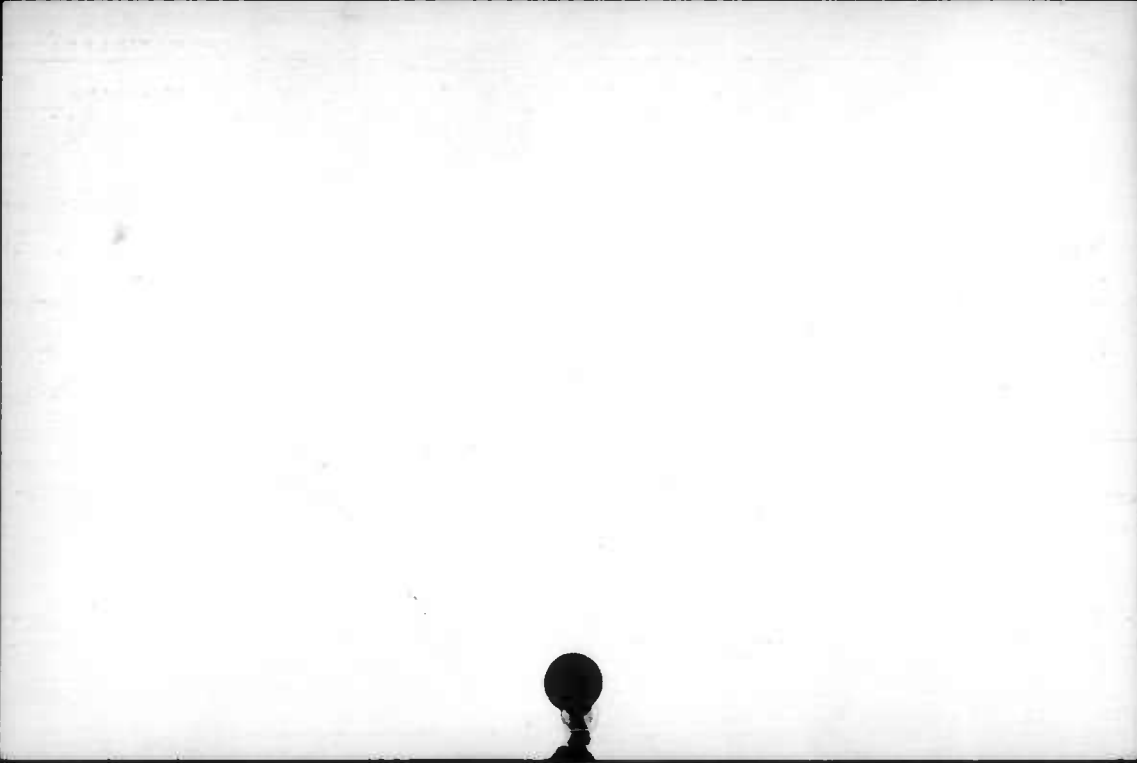
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Nov	20	78			
Sex	male		Color or Race	white		Birth-place	St Marys Co Md
Occupation	Ship builder			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Not Obtainable			
Father's Name	Unknown				Father's Birthplace	Lutown	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	Influenza	How long	2 weeks
Immediate	Congestion of Lung	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. King
		Address	Baltimore Md.
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

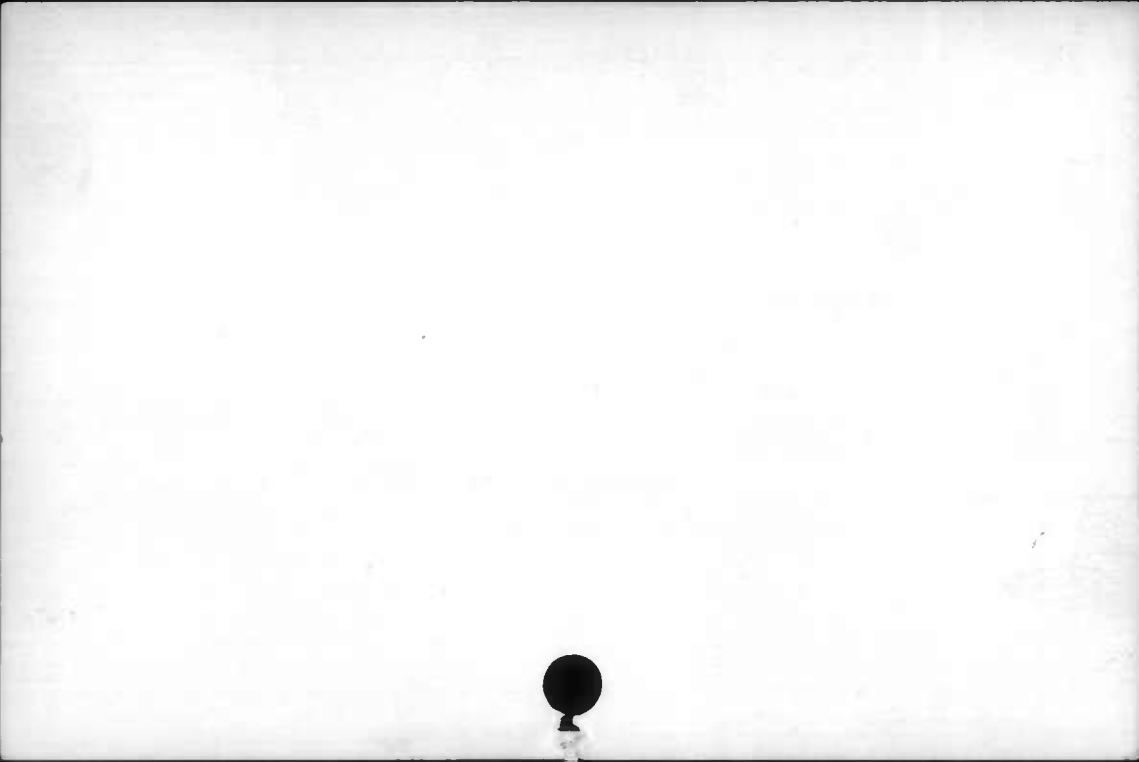
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Adelphia</i>		County <i>Gross</i>		MARYLAND		
Date of death		190 <i>9</i>	Month <i>Nov</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>12</i>
Sex <i>unknown</i>		Color or Race <i>colored</i>		Birthplace <i>Calverton</i>				
Occupation				Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband						
Father's Name		<i>Mrs. Grass</i>				Father's Birthplace <i>Calverton</i>		
Mother's Maiden Name		<i>Elizabeth Smith</i>				Mother's Birthplace <i>do</i>		
Name of person giving Information		<i>Henry Smith</i>				How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia Bubo</i>	How long	<i>8</i>
Immediate		How long	<i>✓</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>T. F. Lushy, Subly</i>	
Address		<i>Bowman Rd</i>	
Accident or Suicide			



Name
in
Full

Thomas B Rawlings.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at St. Leonard Town Court CountyDate of death 1909 Month Nov Day 1 Age 60 Years Months DaysSex Male Color or Race Caucasian Birth-place CourtOccupation Agent Where Residing if not at place of death St. LeonardMarried, Single or Widowed Wid. Name of Wife or Husband Ellen HullinFather's Name Wm. Rawlings Father's Birthplace CourtMother's Maiden Name Charming Brooks Mother's Birthplace 10Name of person giving Information T B Rawlings Jr How related to deceased Cousin

CAUSES OF DEATH

Primary Cerebral Hemorrhage How long 64 1 hourImmediate Syncope How long 1 hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

NoJohn M. Daff
CoronerAccident or Suicide no



Name
in
Full

Sorrall

CERTIFICATE OF DEATH

MARYLAND

Died at *Lusby's* Town*Calvert* CountyDate of death *1909* Month *Nov.*Day *4*

Age

Months

Days

Sex *Male*Color or Race *Colored*Birth-place *Calvert Co Md*

Occupation

Woman

Where Residing if not at place of death

Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *Robert Sorrall*Father's Birthplace *Calvert Co Md*Mother's Maiden Name *Lillian Gross*Mother's Birthplace *Calvert Co Md*Name of person giving information *Mrs R D Bafford*How related to deceased *Employee*

CAUSES OF DEATH

151

Primary *Could not Swallow*How long *From birth*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

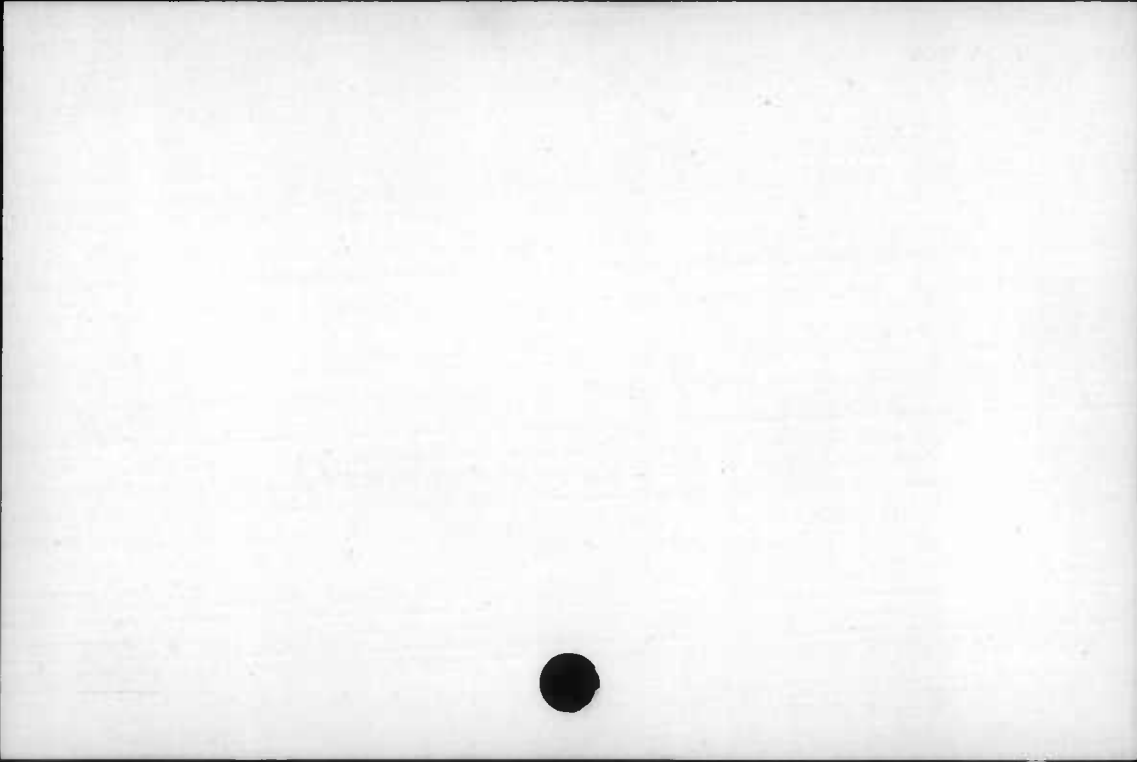
Signature of Physician

Address

Dr F Chambers
Sub Registrar & 374
Lusby's Calvert Co Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Ann Ward.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Lo. Marlboro* Town *Calvert* County *MARYLAND*

Date of death *1909* Month *Nov* Day *5* Age *68* Months *1* Days *21*

Sex *Female* Color or Race *White* Birth-place *Calvert Co*

Occupation *Housewife* Where Residing if not at place of death *_____*

Married, Single or Widowed *Widow* Name of Wife or Husband *Richard J. Ward*

Father's Name *Elijah Stallings* Father's Birthplace *Calvert Co.,*

Mother's Maiden Name *Mary Birkhead* Mother's Birthplace *" "*

Name of person giving Information *Sam'l J. Cox* How related to deceased *Son-in-law*

CAUSES OF DEATH

Primary *Broncho-Pneumonia* How long *5 days*

Immediate *_____* How long *_____*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. H. Humeau M.D.
Lower Marlboro,
md.

Accident or Suicide

PHYSICIAN
OR CORONER

